

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Charlie Dent for Congress

**A.**

Full Name (Last, First, Middle Initial)

Rely On Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RELY ON YOUR BELIEFS FUND

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 81223.E3291

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

**238.83**

TOTAL This Period (last page this line number only) .....

**238.83**